



"Megan C. Krat" <Mkrat@hansonbridgett.com> on 10/31/2012 12:31:13 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>,
cc: "Kevin R. Heneghan" <Kheneghan@hansonbridgett.com>,

Subject: Form 9 - Save Hetch Hetchy

Attached please find a Form 9 filed by Save Hetch Hetchy, No on F.

Megan C. Krat
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San Francisco | Sacramento | North Bay | Silicon Valley | East Bay

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FEC Form 9_10.30.12.PDF

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

SAVE HETCH HETCHY, NO ON F

(b) Address (number and street) ☐ check if different than previously reported

425 MARKET STREET, 26TH FLOOR

(c) City, State and ZIP Code

SAN FRANCISCO, CA 94105

(d) Name of Employer or Principal Place of Business

N/A

(e) Occupation

2. FEC Identification Number

C N / A

3. Is This Statement

☒ New

or

☐ Amended

4. Covering Period

MM / DD / YYYY
1 0 / 3 0 / 2 0 1 2

through

MM / DD / YYYY
1 1 / 0 6 / 2 0 1 2

5. (a) Date of Public Distribution(s)

MM / DD / YYYY
1 0 / 3 0 / 2 0 1 2

(b) Communication Title SAVE HETCH HETCHY, NO ON F

6. The filer is a(n): (a) ☐ Individual (b) ☒ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) ☐ Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes ☐ N/A

No ☐

8. Custodian of Records

(a) Name

KEVIN HENEGHAN

(b) Address (number and street)

425 MARKET STREET, 26TH FLOOR

(c) City, State and ZIP Code

SAN FRANCISCO, CA 94105

(d) Name of Employer or Principal Place of Business

HANSON BRIDGETT, LLP

(e) Occupation

ASSTISTANT TREASURER

9. Total Donations This Statement

\$ 0

10. Total Disbursements/Obligations This Statement

\$ 38,517

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

KEVIN HENEGHAN, ASSISTANT TREASURER

SIGNATURE _____

DATE _____

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 2 OF 3

11. Person(s) Sharing/Exercising Control

A.	(a) Name VINCE COURTNEY, TREASURER	
	(b) Address (number and street) 425 MARKET STREET, 26TH FLOOR	
	(c) City, State and ZIP Code SAN FRANCISCO, CA 94105	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
B.	(a) Name KEVIN HENEGHAN, ASSISTANT TREASURER	
	(b) Address (number and street) 425 MARKET STREET, 26TH FLOOR	
	(c) City, State and ZIP Code SAN FRANCISCO, CA 94105	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
C.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
D.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
E.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE 3 OF 3

A. Full Name (Last, First, Middle Initial) of Payee SADLER STRATEGIC MEDIA		Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2012	
Mailing Address of Payee 12103 VIEWCREST ROAD		Amount \$ 38,517	
City STUDIO CITY, CA	State CA	Communication Date MM / DD / YYYY 10 / 30 / 2012	
Zip Code 91604		Name of Employer Occupation	
Purpose of Disbursement (Including title(s) of communication(s)) PLACEMENT OF TELEVISION ADVERTISEMENT			
Name of Federal Candidate DIANNE FEINSTEIN	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate NANCY PELOSI	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 12	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
B. Full Name (Last, First, Middle Initial) of Payee		Date of Disbursement or Obligation MM / DD / YYYY	
Mailing Address of Payee		Amount	
City	State	Communication Date MM / DD / YYYY	
Zip Code		Name of Employer	
Occupation		Purpose of Disbursement (Including title(s) of communication(s))	
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
SUBTOTAL of Disbursements/Obligations This Page (optional)		\$ 38,517	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		\$ 38,517	

Federal Election Commission
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input checked="" type="checkbox"/> Other (Specify): <i>E-Mail</i>	Date of Receipt or Postmarked <i>10/31/2012</i>
<i>JB</i> PREPARER	<i>10/31/2012</i> DATE PREPARED

(3/2005)